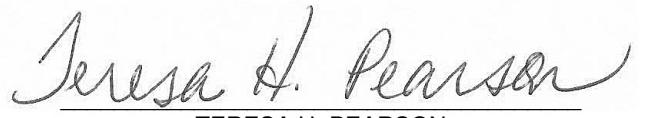


IT IS ORDERED that the application below is approved.

  
TERESA H. PEARSON  
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re:

**SORTIS HOLDINGS, INC.**

Debtor(s)

Plaintiff(s)

v.

Defendant(s)

) Case No: 24-33149-thp7  
)  
)  
) APPLICATION FOR SPECIAL  
)  
) ADMISSION *PRO HAC VICE*,  
)  
) **AND ORDER THEREON**  
)  
)  
) Adv. Proc. No. (if applicable): \_\_\_\_\_  
)  
)  
)  
)  
)

The undersigned, attorney for the following named party(s): Sortis Holdings, Inc., moves for admission of the following attorney *pro hac vice*:

(a) **APPLICANT ATTORNEY INFORMATION**

(1) **Personal Data:**

- (A) Attorney's Name: **Geoffrey Groshong**  
(B) Firm or Business Affiliation: **Groshong Law PLLC**  
(C) Mailing Address: **600 Stewart Street, Suite 1300, Seattle, WA 98101**  
(D) Business Telephone Number: **206-538-2261**  
(E) Fax Telephone Number: **253-218-4866**  
(F) E-Mail Address: **geoff@groshonglaw.com**

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

- (A) State Bar Admissions, Standing, Admissions Date and BAR ID Number: **Washington State Bar, in good standing; admitted 8/20/1975; bar number 6124**  
(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number: **See attached.**

(3) **Certification of Disciplinary Proceedings:**

- I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.
- I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

- (1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.
- (2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

- (A) Name and Oregon State Bar ID Number: **Michael B. Gottlieb, OSB #031025**
- (B) Firm or Business Affiliation: **Michael B. Gottlieb PC**
- (C) Mailing Address: **P O Box 209, Lake Oswego, OR 97034**
- (D) Business Telephone Number: **503-546-0498**
- (E) Fax Telephone Number: **503-546-0499**
- (F) E-Mail Address: **michael@gottlieb-law.com**

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

  
Local Counsel  
NAME: **Michael B. Gottlieb**  
ADDRESS: **P O Box 209**  
**Lake Oswego, OR 97034**  
PHONE: **503-546-0498**

  
Special Admissions Applicant  
NAME: **Geoffrey Groshong**  
ADDRESS: **600 Stewart St #1300**  
**Seattle, WA 98101**  
PHONE: **206-538-2261**

ATTACHMENT TO  
APPLICATION FOR SPECIAL ADMISSION PRO HAC VICE AND ORDER THEREON

(a) APPLICANT ATTORNEY INFORMATION (cont.)

- (2) Bar Admissions Information (cont.): United States District Court for the Western District of Washington, in good standing, admitted 10.3.1975, WSB #6124; United States District Court for the Eastern District of Washington, in good standing, admitted 2.13.2002, WSB # 6124.